

attack of epilepsy is identical in character with all succeeding attacks, therein differing markedly from the epileptoid forms. The attacks of epilepsy occur between 4 and 7 A. M., during the passage from the sleeping to the waking state. These patients are epileptics in every thing. Dr. Motet stated that Dr. Laségue's views were generally accepted in Paris, but no discussion in confirmation or opposition followed.

---

LOCAL ASPHYXIA OF THE EXTREMITIES.—Dr. Momsen, of the French Marine, *Arch. de Méd. Nervale*, xxxiii, 340 and 431 (abstr. in *L'Union Médicale*, July 21). As a result of chronic miasmatic infection there are sometimes observed nervous syndromes not without analogy to those following the processes of diphtheritic intoxication. In the original observation and those selected from other quarters, that are discussed in this memoir, the patients were affected with local asphyxia of the members, or rather with nervous disorders analogous to the vascular spasms of the limbs, and, further, with regular intermittent symptoms preceded or followed by local asphyxia or alternating with it. In some the local asphyxia appeared with the febrile symptoms, forming genuine attacks, followed by the epiphenomenon of painful tumefaction of the extremities, that is, by a paralysis of the vaso-motors. This local asphyxia appeared not only after the attack of intermittent fever, but it also follows the malarial diarrhœa of Cochin China.

It follows, therefore, from the twenty-two cases cited in this paper, that local asphyxia is related etiologically with intermittent fever, which it may replace, and that these nervous accidents are comparable to the larvated manifestations of malaria.

The symptoms may be classed methodically; in fact they appear: 1. *In the nerves arising in the medulla* (epileptiform and hysterical symptoms); 2. *in the organs innervated by the pneumogastriks with or without association with the sympathetic* (pulmonary accidents, congestions, pneumonias, etc., gastro-intestinal accidents, vomiting, epigastralgia, intestinal congestions, cardiac accidents, irregularity of the cardiac pulsations, angina pectoris, etc.); 3. *in the sympathetic* (ocular disorders, amblyopia, congestion, flow of tears, secretory disorders, diabetes, polyuria, icterus); 4. *in the peripheral vaso-motor, sensory, or motor nerves* (herpes, urticaria, pemphigus, asphyxia of the mammæ, flushing, local chills, muscular atrophy, growth of adipose or epidemic tissue, anæsthesia, hyperæsthesia, temporary paresis, tremors).

These phenomena can be explained up to a certain point by the theory which considers local asphyxia of the extremities as a neurosis, by the exaggeration of the excito-motor power of the cord holding under its dependence the vascular innervation. It is, perhaps, not impossible to explain the miasmatic origin of these phenomena, by an irritation of the vessels of the cord due to melanæmic deposits. This irritation would give rise to spasms of the extremities. Other material alterations in the cord, such as congestion or inflammation, could produce the same symptoms.

In his final chapter the author demonstrates the secondary rôle of cold in the production of local asphyxia. He recalls also the fact that Raynaud had observed a case caused by insolation. This fact established a relation with the febrile attacks following sunstroke. Cold and heat have, therefore, the same action in the pathogeny of attacks of local asphyxia and intermittent fever. In a therapeutic point of view, sulphate of quinine, the constant descending current to the spine, and derivative agents acting on that organ, are the medical agencies that have been found effective.

---

GASTRIC EPILEPSY.—H. Pommay, *Revue de Méd.*, 1, vi, June 10, describes and discusses a couple of cases of epilepsy, apparently connected with digestive disorders, and ends his article with the following conclusions :

1. Digestive disorders may give rise to various nervous symptoms ; due (*a*) to the paralysis, and (*b*) to the excitation of the vagus nerve.
2. These phenomena are of reflex origin, and occur entirely in the sphere of the vagus (irritation of its sensory gastric fibres, excitation or reflex paralysis of its cardiac branches).
3. The phenomena of excitation betray themselves in epileptic attacks, those of paralysis in cardiac crises (palpitation of the heart and defects of rhythm).
4. The age and the habitual condition of health of the subject appear to play a part in affecting the mode of the response to the irritation.
5. Gastric epilepsy differs from other epilepsies by (*a*) its cause—errors in diet,—and in (*b*) its symptoms—vomiting of food, in addition to the usual symptoms of the attack,—and in (*c*) its sequels—gastric embarrassments.

---

DÉLIRE AIGU.—Dr. Marcel Briaud, *Thèse de Paris*, 1881 (an.